

Villages help older neighbors age-in-place as they manage their environments, take advantage of opportunities for social and civic engagement, and improve or maintain health and well-being. National surveys repeatedly indicate that older adults prefer community living as long as possible. But communities change, and post-retirement living may require rebuilding social connections with old and new neighbors. Fortunately, today's retirees bring a wealth of knowledge and skills to later life which they are happy to share. Drawing on the talents and career experiences of older adults in Center City, Philadelphia, Penn's Village (PV) was created in 2007 to address the needs and wishes of neighbors wanting to stay in their own homes as they aged. A member of the Village-to-Village Network, PV (a 501c3) has itself matured through board development, strategic planning, and member engagement. In reframing aging in Center City, PV currently offers its over 300 members and volunteers an array of educational and recreational programs (e.g., talks, affinity groups, social events and outings); services (including transportation, home repairs, IT support, companionship, accompaniment to medical appointments), and opportunities to use their personal knowledge and skills to help their neighbors-- as drivers, companions, volunteer staff and co-chairs/members of committees (e.g., Board of Directors, Program, Welcoming, Marketing & Communications, Finance, Fundraising). In FY2019, volunteers provided nearly 1200 services to PV members. Our most recent survey responses indicate that 82% of volunteers found their work highly meaningful and 79% of those who received services believed their quality of life was greatly improved.

THE FACTORS ASSOCIATED WITH DAILY LIFE SUPPORT FOR SINGLE OLDER ADULTS TO REMAIN AT THEIR HOME

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Japan aims to enable older adults to remain at home in their familiar environment. However, the factors associated with daily life support for older adults who require medical and nursing care to remain at home are unclear. This study aimed to clarify the factors associated with daily life support for single older adults needing medical and nursing care to remain at home. Our participants were single older adults aged 65-94 years receiving medical and nursing care and their care providers. First, we analyzed records, which were written by care providers, regarding ten older adults who received medical and nursing care from 2014 to 2018. We categorized occurrences which exert single older adults' life on change into six factors, such as gradual frailty and loss of a loved one. Then, to consider how they experience these factors, we conducted semi-structured interviews with three additional older adults who were single and received home visiting nursing care service in 2020. During this process, four multidisciplinary researchers discussed the factors associated with daily life support for single older adults; finally, three factors were derived. The first one pertained to health conditions: receiving sufficient medical and nursing care maintain older adults' physical condition. The second related to the environment: maintaining social interactions (neighbors and friends). The third pertained to older adults'

values and meanings to remain at home. This study suggests that care providers focus on these three factors to help older adults who received medical and nursing care to remain at their home.

URBAN-RURAL DIFFERENCES IN GEODETIC DISTANCE BETWEEN HOME AND THE NEAREST PHARMACY AMONG OLDER PENNSYLVANIA ADULTS

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Aim: We examined differences in geodetic or straight line distance between home and the nearest community pharmacy among rural and urban older adults in Pennsylvania. **Method:** The addresses of 241,398 older adults (≥65 years) and 2,880 community pharmacies enrolled in Pennsylvania's Pharmaceutical Assistance Contract for the Elderly (PACE) program in 2018 were geocoded. We identified pharmacies in the same or adjacent counties for each enrollee and measured the geodetic distance between home and those pharmacies. The pharmacy with the shortest distance from home was identified as the nearest pharmacy for each enrollee. Enrollees' home addresses were categorized as urban or rural at the county level, based on the Center for Rural Pennsylvania's definitions. T-tests and chi-squared tests were used for analyses. **Results:** Overall, 37% were rural older adults and the mean distance between home and the nearest pharmacy was 1.60 ± 2.21 miles. The mean distance between home and the nearest pharmacy was significantly greater in rural compared to urban older adults (2.78 ± 2.93 versus 0.91 ± 1.19 ; $p < .0001$). A higher proportion of rural older adults resided >5 miles away from the nearest pharmacy compared to urban older adults (19.19% versus 1.80%; $p < .0001$). Moreover, 2.96% of rural older adults resided >10 miles away from the nearest pharmacy compared to 0.08% of urban older adults ($p < .0001$). **Conclusion:** Older patients in rural counties need to travel longer distances for pharmacy access than in urban counties. Efforts to provide convenient access to medications and pharmacy services for rural older patients are necessary.

SESSION 2893 (POSTER)

ASSESSMENT

A SYSTEMATIC REVIEW OF MISSOURI LYMPHEDEMA SYMPTOM ASSESSMENT TOOLS IN ORIGINAL RESEARCH AND REVIEW ARTICLES

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Despite advances in cancer treatment, many survivors face a significant challenge of cancer-related lymphedema, together with aging. Aging results in structural changes in the lymphatic system. Beginning in 1998, tools have been developed at the University of Missouri to assess symptoms of lymphedema in cancer patients. The objective of this review was to synthesize evidence regarding use of

Missouri lymphedema symptom assessment tools in original research and review articles. A search of six electronic databases was conducted for articles published within 1998 and 2018 on review and use of the tools which are Lymphedema and Breast Cancer Questionnaire (LBCQ), Melanoma and Lymphedema Questionnaire (MELQ), and Gynecologic Cancer and Lymphedema Questionnaire (GCLQ). In all, 210 articles were retrieved, and 32 full-text articles meeting the inclusion criteria were reviewed. The studies reported a cumulative number of 5,872 study participants. Most manuscripts (70.97%) reported data on breast cancer lymphedema, 19.35% on gynecological cancer lymphedema, 3.23% on breast cancer and melanoma lymphedema, and 6.45% on melanoma. The use of LBCQ was reportedly more than the use of GCLQ and MELQ. Tool reliability ranged from $r = 0.785 - 0.82$ for LBCQ and 0.95 for internal reliability for GCLQ. The tools have been used in many countries including the United States of America. The importance of using valid and reliable quantitative measures in lymphedema symptom assessment across diverse populations and sites cannot be overstated. The tools have been modified and used over the past 20 years in various settings and across languages and cultures.

DEVELOPING A QUESTIONNAIRE TO ASSESS OPINIONS REGARDING THE IMPORTANCE OF BATHING AND WASHING WITHOUT WATER

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Bathing is one of the most performed activities among nurses. Although care recipients experience bathing as an important activity in daily living, nurses often undervalue this care task. We developed a questionnaire to measure nurses' opinions regarding 1) the importance of the bed bath, and 2) a bathing innovation known as Washing Without Water. Construction of the questionnaire items was based on literature and interviews with nursing home residents ($n=8$), their family ($n=5$) and nurses ($n=6$). After items construction, nurses and nursing students ($n=124$) completed the questionnaire to assess the questionnaire's internal consistency (IC) and construct validity. Cronbach's alpha coefficients were analyzed as an indicator for IC and items were deleted if this resulted in improved IC. To analyze the construct validity, a Principal Component Analyses (PCA) with Direct Oblimin Factor rotation was performed. The final scale consists of two subscales. The first subscale measures nurses' opinions about the importance of the bed bath and consists of 12 items. The second subscale consists of 17 items and aims to inventory nurses' opinions about the Washing Without Water innovation. The Cronbach's alpha coefficients are high (.81 for the first and .89 for the second subscale). The PCA results show a one factor loading for both subscales, explaining 33,20% and 37,08% of the variance for the first and second subscale respectively. Results indicate a reliable and valid questionnaire to measure nurses' opinions related to the bed bath, which can support health care institutions in evaluating the bed bathing process.

EVALUATION OF AGILITY AND WALKING ABILITY IN ELDERLY PEOPLE

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An important aspect of independent living in a super-aging society is the achievement of "successful aging" in mind and body. Recent large-scale epidemiological studies found that reduced walking ability significantly affects "extended healthy life expectancy" and "successful aging." In terms of anatomy and physiology, "usual aging" (i.e., the inevitable decrease in walking function due to aging) occurs unless one undertakes daily physical activity. Conversely, aggressive moderate and habitual physical activity may lead to "successful aging" (i.e., maintained and improved walking function). Previous studies revealed that agility and walking ability are related to healthy life expectancy. Thus, we measured agility with a stick response test to investigate its relationship to gait, and determined whether this test could be substituted for a battery test of walking ability. This test has the convenience of shortening measurement time and requiring a wider measurement place than gait evaluation performed by actually walking. Correlation was observed between the rod response test and stride length ($r = 0.60$), walking speed ($r = 0.38$), and walking ratio ($r = 0.34$). Therefore, we propose that the rod response measurement is simpler than a simple walking ability test and can be used as a physical function measurement item that predicts the health and longevity of the elderly.

EXAMINATION OF ADVANCED FUNCTION AND ITS CORRELATES IN A COHORT OF COMMUNITY-DWELLING OLDER ADULTS

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Function in older adults includes multiple domains, from basic to "advanced," but we remain limited in detection of advanced function (engagement in social, leisure, and productive activities). The objective is to describe advanced function and examine relationships with basic function and health outcomes in community-dwelling older adults aged 55-65 years. This is an analysis of existing data from a large, ongoing cohort study, The Wisconsin Registry for Alzheimer's Prevention (WRAP R01 AG027161). We used a 1:1 prospective case-control design to examine whether older adults with lower advanced function (lower functioning group) at wave 3 showed lower IADLs and poorer health outcomes in wave 4, compared to those with higher advanced function (higher functioning group). The lower functioning group had a mean advanced function score of 74.4 (SD = 10.1), compared to 98.7 (SD = 11.1) in the higher functioning group. The mean IADL scores were similar in the